

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107544262

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	9	←		←
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
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65				/		
66				/		
67				/		
68				/		
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98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			36			